

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Dena

ADDRESS (number and street)

3956 Town Center Blvd

Ste 457

Orlando

FL

32837

☐ Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00581926

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dustin Andersen

Signature of Treasurer

Dustin Andersen

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 44

Write or Type Committee Name

Friends of Dena

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	85565.00	85565.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	85565.00	85565.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	8163.15	8163.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	8163.15	8163.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	77401.85	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6672.68	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 44

Write or Type Committee Name

Friends of Dena

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

81950.00

81950.00

(ii) Unitemized.....

3615.00

3615.00

(iii) TOTAL of contributions from individuals ▶

85565.00

85565.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

85565.00

85565.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

85565.00

85565.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 44

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8163.15	8163.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	8163.15	8163.15

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	85565.00
25. SUBTOTAL (add Line 23 and Line 24).....	85565.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8163.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	77401.85

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 44

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Dena**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Amy Alcini</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2015	
Mailing Address 29500 Heathercliff Ave # 261		<b>Transaction ID : SA11AI.4293</b>	
City Malibu	State CA	Zip Code 90265	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Real Estate Sales		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Earmarked through ActBlue- September 29, 2015

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Yarlagadda Babu</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2015	
Mailing Address 4836 Southlake Parkway		<b>Transaction ID : SA11AI.4176</b>	
City Birmingham	State AL	Zip Code 35244	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer BioCryst Pharmaceuticals	Occupation Scientist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Earmarked through ActBlue- August 15, 2015

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Patricia Bauman</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2015	
Mailing Address 2358 Massachusetts Avenue		<b>Transaction ID : SA11AI.4160</b>	
City Washington	State DC	Zip Code 20008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Bauman Foundation	Occupation Executive		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Earmarked through ActBlue- July 27, 2015

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3950.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 44  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

Full Name (Last, First, Middle Initial) <b>A. Edgar Bautista</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 8155 Waring Ave			Transaction ID : SA11AI.4274
City Los Angeles	State CA	Zip Code 90046	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00 Earmarked through ActBlue- September 30, 2015
Name of Employer Self Employed		Occupation Clinical Research Consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Boxer</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 1143 Linda Flora Dr.			Transaction ID : SA11AI.4203
City Los Angeles	State CA	Zip Code 90049	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00 Earmarked through ActBlue- August 31, 2015
Name of Employer Self Employed		Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Rose Ann Branca</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2015
Mailing Address 201 Marshall Street Unit 707			Transaction ID : SA11AI.4214
City Redwood City	State CA	Zip Code 94063	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00 Earmarked through ActBlue- September 11, 2015
Name of Employer Self Employed		Occupation Consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

**A.** Full Name (Last, First, Middle Initial)  
**John Bryant**

Mailing Address 2358 Massachusetts Ave

City Washington	State DC	Zip Code 20008
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BEI	Occupation President
-------------------------	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period

2700.00

Earmarked through ActBlue- July 31, 2015

**B.** Full Name (Last, First, Middle Initial)  
**Timothy Buchman**

Mailing Address 961 Castle Falls Dr.

City Atlanta	State GA	Zip Code 30329
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory University	Occupation Physician
--------------------------------------	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : SA11AI.4189

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- August 24, 2015

**C.** Full Name (Last, First, Middle Initial)  
**Scott Canute**

Mailing Address 3 Glenn Lane

City Sudbury	State MA	Zip Code 01776
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Consultant
-----------------------------------	--------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

2700.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

Full Name (Last, First, Middle Initial)

**Scott Canute**

Mailing Address 3 Glenn Lane

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Consultant

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Charles Chase**

Mailing Address 2065 Venetian Way

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheidan Healthcare

Occupation

Physician

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2015

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Stephen Conafay**

Mailing Address 8317 Persimmon Tree Road

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Conafay Group

Occupation

Principal

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

1000.00

Earmarked through ActBlue- September 23, 2015

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4200.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**Full Name (Last, First, Middle Initial)  
**A. Mary Ellen Cosenza**

Mailing Address 11143 Lopez Court

City	State	Zip Code
Moorpark	CA	93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- August 8, 2015

Full Name (Last, First, Middle Initial)  
**B. Joseph L Faber**

Mailing Address 8 Hights Cross Rd.

City	State	Zip Code
Chappaua	NY	10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Faber Daeufer &amp; Itrato PC

Occupation  
Lawyer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)  
**C. Joseph L Faber**

Mailing Address 8 Hights Cross Rd.

City	State	Zip Code
Chappaua	NY	10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Faber Daeufer &amp; Itrato PC

Occupation  
Lawyer

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**Full Name (Last, First, Middle Initial)  
**A. Jay Falk**

Mailing Address 111 Oakliegh Lane

City	State	Zip Code
Maitland	FL	32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- September 30, 2015

Full Name (Last, First, Middle Initial)  
**B. Toby Ferguson**

Mailing Address 163 College Road

City	State	Zip Code
Concord	MA	01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BiogenOccupation  
Biotechnology

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period

1000.00

Earmarked through ActBlue- September 30, 2015

Full Name (Last, First, Middle Initial)  
**C. Dr. Vicky Fraser**

Mailing Address 8 Berkshire Drive

City	State	Zip Code
Richmond Heights	MO	63117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington UniversityOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2015

Transaction ID : SA11AI.4313

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Friberg**

Mailing Address 853 Sorrelwood Court

City	State	Zip Code
Westlake Village	CA	91361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AmgenOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period

1000.00

Earmarked through ActBlue-July 31, 2015

**B.** Full Name (Last, First, Middle Initial)  
**Vidor Friedman MD**

Mailing Address 13061 Watpoint Blvd

City	State	Zip Code
Windermere	FL	34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Emergency PhysiciansOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4319

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jonathan Gertler**

Mailing Address 15 Westcliff Road

City	State	Zip Code
Weston	MA	02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BBLSAOccupation  
CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2015

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period

2700.00

Earmarked through ActBlue- September 27, 2015

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**Full Name (Last, First, Middle Initial)  
**A. Valerie Ginn**

Mailing Address 5501 3 Ave North

City	State	Zip Code
Saint Petersburg	FL	33710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edward N Willey MDOccupation  
R.N.

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue-July 30, 2015

Full Name (Last, First, Middle Initial)  
**B. Valerie Ginn**

Mailing Address 5501 3 Ave North

City	State	Zip Code
Saint Petersburg	FL	33710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edward N Willey MDOccupation  
R.N.

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4299

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue- September 29, 2015

Full Name (Last, First, Middle Initial)  
**C. William Goodell**

Mailing Address Four Embarcadero Center

City	State	Zip Code
San Francisco	CA	94111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partner Fund ManagementOccupation  
Investment Management

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period

2500.00

Earmarked through ActBlue- September 16, 2015

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**Full Name (Last, First, Middle Initial)  
**A. Sharon Gray**

Mailing Address 12 Arnold Road

City	State	Zip Code
Wellesley Hills	MA	02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haddad Hakansson Design StudioOccupation  
Interior Design

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

2700.00

Earmarked through ActBlue- September 30, 2015

Full Name (Last, First, Middle Initial)  
**B. Will Gray**

Mailing Address 12 Arnold Road

City	State	Zip Code
Wellesley	MA	02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston ScientificOccupation  
Sales Executive

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period

2700.00

Earmarked through ActBlue- September 30, 2015

Full Name (Last, First, Middle Initial)  
**C. Alan Grayson**

Mailing Address 4415 Gwyndale Court

City	State	Zip Code
Orlando	FL	32837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US GovernmentOccupation  
Congressman

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

**A.** Full Name (Last, First, Middle Initial)  
**Alan Grayson**

Mailing Address 4415 Gwyndale Court

City State Zip Code  
Orlando FL 32837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Government Congressman

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Dorothy Grayson**

Mailing Address 4737 Alamanda Drive

City State Zip Code  
Melbourne FL 32940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt

M M / D D / Y Y Y Y  
09 20 2015

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period

1800.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Grucza**

Mailing Address 7577 Warner Ave

City State Zip Code  
St. Louis MO 63117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Washington University University Professor

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 12 2015

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

Full Name (Last, First, Middle Initial) <b>A. Nathan Gunn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2015
Mailing Address 1945 W Newport Avenue		Transaction ID : SA11AI.4195
City Chicago	State IL	
Zip Code 60657		Amount of Each Receipt this Period 500.00 Earmarked through ActBlue- September 5, 2015
FEC ID number of contributing federal political committee. C		
Name of Employer Valence Health	Occupation President, PH Division	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Haqq</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 568 Havenside Ave		Transaction ID : SA11AI.4105
City Newbury Park	State CA	
Zip Code 91320		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Atara Biotherapeutics	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Herman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2015
Mailing Address 45 Arretton Road		Transaction ID : SA11AI.4183
City Princeton	State NJ	
Zip Code 08540		Amount of Each Receipt this Period 250.00 Earmarked through ActBlue- August 17, 2015
FEC ID number of contributing federal political committee. C		
Name of Employer Regeneron Pharmaceuticals	Occupation Physician Scientist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

Full Name (Last, First, Middle Initial) <b>Christopher James</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address Four Embarcadero Plaza		Transaction ID : SA11AI.4211
City San Francisco	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Partner Fund Management	Occupation Finance	Earmarked through ActBlue- September 11, 2015
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>Christopher James</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address Four Embarcadero Plaza		Transaction ID : SA11AI.4213
City San Francisco	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Partner Fund Management	Occupation Finance	Earmarked through ActBlue- September 11, 2015
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>Scott Jantz</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 6417 NW 53rd Terrace		Transaction ID : SA11AI.4141
City Gainesville	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Nagravision USA	Occupation Engineer	Earmarked through ActBlue- July 29, 2015
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5100.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Kloek**

Mailing Address 2246 Baihly Hills Dr. SW

City	State	Zip Code
Rochester	MN	55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BioMedical InsightsOccupation  
Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- September 30, 2015

**B.** Full Name (Last, First, Middle Initial)  
**Stuart Kornfeld**

Mailing Address 50 Villa Coublay

City	State	Zip Code
Saint Louis	MO	63131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington UniversityOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- September 15, 2015

**C.** Full Name (Last, First, Middle Initial)  
**Gayle Kuokka**

Mailing Address 3415 Greer Road

City	State	Zip Code
Palo Alto	CA	94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Biodesy, Inc.Occupation  
Finance

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- September 29, 2015

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

**A.** Full Name (Last, First, Middle Initial)  
**Diana Kwatra**

Mailing Address 9489 Westover Club Circle

City Windermere State FL Zip Code 34786

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

**Transaction ID : SA11AI.4139**

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- July 29, 2015

**B.** Full Name (Last, First, Middle Initial)  
**Sanjay Kwatra**

Mailing Address 9489 Westover Club Circle

City Windermere State FL Zip Code 34786

FEC ID number of contributing federal political committee. **C**

Name of Employer EPCF Occupation Emergency Physician

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		05		2015

**Transaction ID : SA11AI.4167**

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- August 5, 2015

**C.** Full Name (Last, First, Middle Initial)  
**Dale LeFebvre**

Mailing Address 2710 Foxhall Rd. NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2015

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period

2700.00

Earmarked through ActBlue- September 30, 2015

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

Full Name (Last, First, Middle Initial)

**Dale LeFebvre**

Mailing Address 2710 Foxhall Rd. NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Self Employed

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4254

Amount of Each Receipt this Period

2700.00

Earmarked through ActBlue- September 30, 2015

Full Name (Last, First, Middle Initial)

**Ivan Lieberburg**

Mailing Address 85 Hillcrest Rd

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avistock

Occupation

Analyst

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- July 29, 2015

Full Name (Last, First, Middle Initial)

**Sheryl Martin-Moe**

Mailing Address 6401 Chelton Drive

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Consulting

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

1000.00

Earmarked through ActBlue- July 30, 2015

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**Full Name (Last, First, Middle Initial)  
**A. Donna Masterman**

Mailing Address 730 Le Mans Way

City	State	Zip Code
Half Moon Bay	CA	94019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GenetechOccupation  
Medical Research

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- September 30, 2015

Full Name (Last, First, Middle Initial)  
**B. Jim McCarter MD, PHD**

Mailing Address 1222 Mackay Street

City	State	Zip Code
St. Louis	MO	63104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virta HealthOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Dena Marie Minning MD, PHD**Mailing Address 3956 Town Center Blvd  
Ste 457

City	State	Zip Code
Orlando	FL	32837

FEC ID number of contributing  
federal political committee.

C H6FL09187

Name of Employer  
MedExpert Consulting, Inc.Occupation  
Physician- Scientist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena****A.** Full Name (Last, First, Middle Initial)  
**Dr. Dena Marie Minning MD, PHD**Mailing Address 3956 Town Center Blvd  
Ste 457

City	State	Zip Code
Orlando	FL	32837

FEC ID number of contributing  
federal political committee.**C** H6FL09187Name of Employer  
MedExpert Consulting, Inc.Occupation  
Physician- Scientist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11AI.4318**

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**M Missey**

Mailing Address 4716 Newport

City	State	Zip Code
St. Louis	MO	63116

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
PatheonOccupation  
QA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

**Transaction ID : SA11AI.4229**

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- September 17, 2015

**C.** Full Name (Last, First, Middle Initial)  
**David Montani**

Mailing Address 27 Lenox Place

City	State	Zip Code
Saint Louis	MO	63108

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Psychiatrist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

**Transaction ID : SA11AI.4158**

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- July 28, 2015

**SUBTOTAL** of Receipts This Page (optional).....

3200.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

Full Name (Last, First, Middle Initial)

**David Montani**Mailing Address **27 Lenox Place**

City

Saint Louis

State

MO

Zip Code

63108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Psychiatrist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- September 21, 2015

Full Name (Last, First, Middle Initial)

**Carol Nast**Mailing Address **1117 Hamilton Avenue**

City

Palo Alto

State

CA

Zip Code

94301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Enterprise Catalyst Group

Occupation

President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- August 3, 2015

Full Name (Last, First, Middle Initial)

**Jeanne Nerbonne**Mailing Address **3114 Illinois Avenue**

City

Saint Louis

State

MO

Zip Code

63118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington University

Occupation

Professor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- September 4, 2015

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 44

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Steve Peterse</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2015	
Mailing Address 12 Frederick Lane			<b>Transaction ID : SA11AI.4225</b>	
City	State	Zip Code		
Glendale	MO	63122		
FEC ID number of contributing federal political committee.		C		
Name of Employer Washington University		Occupation Professor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
			Amount of Each Receipt this Period 250.00 Earmarked through ActBlue- September 17, 2015	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Scott Pitkethly</b>			Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2015	
Mailing Address 190 DeSoto Parkway			<b>Transaction ID : SA11AI.4152</b>	
City	State	Zip Code		
Satellite Beach	FL	32937		
FEC ID number of contributing federal political committee.		C		
Name of Employer NVIDIA		Occupation Electrical Engineer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
			Amount of Each Receipt this Period 500.00 Earmarked through ActBlue- July 29, 2015	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Scott Pitkethly</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2015	
Mailing Address 190 DeSoto Parkway			<b>Transaction ID : SA11AI.4300</b>	
City	State	Zip Code		
Satellite Beach	FL	32937		
FEC ID number of contributing federal political committee.		C		
Name of Employer NVIDIA		Occupation Electrical Engineer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00		
			Amount of Each Receipt this Period 250.00 Earmarked through ActBlue- September 29, 2015	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

**A.** Full Name (Last, First, Middle Initial)  
**Vivekanand Rau**

Mailing Address 11030 Via Sorrento

City	State	Zip Code
Cupertino	CA	95014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Google Inc.Occupation  
Engineering Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- July 31, 2015

**B.** Full Name (Last, First, Middle Initial)  
**Edwin Rock**

Mailing Address 5518 Lincoln St.

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OtsukaOccupation  
Scientist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- September 15, 2015

**C.** Full Name (Last, First, Middle Initial)  
**Linda Sanchez**

Mailing Address 4752 SW 76 Terrace

City	State	Zip Code
Gainesville	FL	32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of FloridaOccupation  
Veterinarian

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- July 29, 2015

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

**A.** Full Name (Last, First, Middle Initial)  
**Adam Shaywitz**

Mailing Address 325 China Basin St.  
 Unit 417

City San Francisco State CA Zip Code 94158

FEC ID number of contributing federal political committee. **C**

Name of Employer BioMarim Pharmaceutical, Inc. Occupation Physician/Scientist

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

500.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**David Shaywitz**

Mailing Address 1000 Parrott Drive

City Hillsborough State CA Zip Code 94010

FEC ID number of contributing federal political committee. **C**

Name of Employer DNAnexus Occupation Chief Medical Officer

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		01		2015

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period

500.00
--------

Earmarked through ActBlue- August 1, 2015

**C.** Full Name (Last, First, Middle Initial)  
**Harineth Sheela**

Mailing Address 2642 Fawnlake Lake Trail

City Orlando State FL Zip Code 32828

FEC ID number of contributing federal political committee. **C**

Name of Employer Digestive & Liver Center of FL Occupation Physician

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period

2000.00
---------

Earmarked through ActBlue- September 29, 2015

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00
---------

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

**A.** Full Name (Last, First, Middle Initial)  
**Bertil Smith**

Mailing Address 831 Cannondale Court

City	State	Zip Code
San Diego	CA	92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser PermanenteOccupation  
Orthopedic Surgeon

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2015

Transaction ID : SA11AI.4207

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- September 12, 2015

**B.** Full Name (Last, First, Middle Initial)  
**Joseph St. Geme III**

Mailing Address 1742 Naudain St.

City	State	Zip Code
Philadelphia	PA	19146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of PennsylvaniaOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dung Thai**

Mailing Address 2428 Whipple Ave

City	State	Zip Code
Redwood City	CA	94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AtaraOccupation  
Clinical Research Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

1000.00

Earmarked through ActBlue- August 11, 2015

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**A. Full Name (Last, First, Middle Initial)  
**Virginia Turezyn**Mailing Address **765 Railroad Ave**

City	State	Zip Code
Half Moon Bay	CA	94019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		05		2015

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

1350.00

Earmarked through ActBlue- August 5, 2015

B. Full Name (Last, First, Middle Initial)  
**Laura Vessey**Mailing Address **27 Beechtree Lane**

City	State	Zip Code
Plainsboro	NJ	08536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MerckOccupation  
Clinical Research

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- August 3, 2015

C. Full Name (Last, First, Middle Initial)  
**Alex Virgilio**Mailing Address **485 Del Amigo Road**

City	State	Zip Code
Danville	CA	94526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PFM LPOccupation  
Investor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		21		2015

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period

2700.00

Earmarked through ActBlue- August 21, 2015

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4550.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**Full Name (Last, First, Middle Initial)  
**A. Alex Virgilio**

Mailing Address 485 Del Amigo Road

City	State	Zip Code
Danville	CA	94526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PFM LPOccupation  
Investor

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

2700.00

Earmarked through ActBlue- August 21, 2015

Full Name (Last, First, Middle Initial)  
**B. Anthony Weil**

Mailing Address 2250 Plainfield Ave N

City	State	Zip Code
Piscataway	NJ	08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue- July 29, 2015

Full Name (Last, First, Middle Initial)  
**C. Edward Willey MD**

Mailing Address 7869 9th Avenue South

City	State	Zip Code
Saint Petersburg	FL	33707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue- July 30, 2015

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Dena**Full Name (Last, First, Middle Initial)  
**A. Deryck Jeremy Williams**

Mailing Address 751 Yale Avenue

City	State	Zip Code
University City	MO	63130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monsanto CompanyOccupation  
Director Pest & Pathogen Control

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue- September 16, 2015

Full Name (Last, First, Middle Initial)  
**B. Deryck Jeremy Williams**

Mailing Address 751 Yale Avenue

City	State	Zip Code
University City	MO	63130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monsanto CompanyOccupation  
Director Pest & Pathogen Control

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue- September 29, 2015

Full Name (Last, First, Middle Initial)  
**C. Naushad Zafar**

Mailing Address 7940 Floyd Curl Dr.

City	State	Zip Code
San Antnion	TX	78229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Renal CareOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

1000.00

Earmarked through ActBlue- August 24, 2015

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

81950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 44

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Friends of Dena**

Full Name (Last, First, Middle Initial)

**ACTBLUE**

Mailing Address P.O. BOX 441146

City

**SOMERVILLE**

State

**MA**

Zip Code

**02144**FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SA11C.4392**

Amount of Each Receipt this Period

57115.00

Total Earmarked through conduit. PAC limit not affected

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Dena

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	5

Amount of Each Disbursement this Period

4	2	7	.	4	1
---	---	---	---	---	---

Transaction ID : SB17.4321

**B. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	5

Amount of Each Disbursement this Period

1	1	6	.	5	4
---	---	---	---	---	---

Transaction ID : SB17.4323

**C. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	5

Amount of Each Disbursement this Period

4	9	.	3	8
---	---	---	---	---

Transaction ID : SB17.4324

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

593.33

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Dena

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2015

Amount of Each Disbursement this Period

223.18
--------

Transaction ID : SB17.4325

**B. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2015

Amount of Each Disbursement this Period

63.21
-------

Transaction ID : SB17.4326

**C. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		06		2015

Amount of Each Disbursement this Period

61.23
-------

Transaction ID : SB17.4327

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

347.62



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Dena

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		13		2015

Amount of Each Disbursement this Period

246.89
--------

Transaction ID : SB17.4328

**B. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2015

Amount of Each Disbursement this Period

197.52
--------

Transaction ID : SB17.4329

**C. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		27		2015

Amount of Each Disbursement this Period

177.75
--------

Transaction ID : SB17.4330

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

622.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Dena

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address P.O. BOX 441146

City	State	Zip Code
SOMERVILLE	MA	02144

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

693.09
--------

Transaction ID : SB17.4331

**B. Copperhead Creatives**Mailing Address 700 7th Street SW  
# 612

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement  
Logo & Business Card Designs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2015

Amount of Each Disbursement this Period

1495.00
---------

Transaction ID : SB17.4345

**c. FEC Compliance Inc.**

Mailing Address PO Box 224

City	State	Zip Code
Catlett	VA	20119

Purpose of Disbursement  
FEC Bookkeeping & Filing Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4347

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2488.09

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Dena

Full Name (Last, First, Middle Initial)

**A. Shahnit Shahzad**

Mailing Address 46 Still Hollow Rd

City	State	Zip Code
Lebanon	NJ	08833

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

1370.06
---------

Transaction ID : SB17.4332

**B. Shahnit Shahzad**

Mailing Address 46 Still Hollow Rd

City	State	Zip Code
Lebanon	NJ	08833

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4332.4

[MEMO ITEM]

**c. Shahnit Shahzad**

Mailing Address 46 Still Hollow Rd

City	State	Zip Code
Lebanon	NJ	08833

Purpose of Disbursement  
REIMBURSEMENTS: SEE BELOW

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

2563.89
---------

Transaction ID : SB17.4348

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3933.95

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Dena

Full Name (Last, First, Middle Initial)

**A. Shahnit Shahzad**

Mailing Address 46 Still Hollow Rd

City	State	Zip Code
Lebanon	NJ	08833

Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4348.0

[MEMO ITEM]

**B. Delta Airlines**

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

232.60
--------

Transaction ID : SB17.4348.1

[MEMO ITEM]

**c. US Airways**

Mailing Address 111 W. Rio Salado Parkway

City	State	Zip Code
Tempe	AZ	85281

Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2015

Amount of Each Disbursement this Period

210.05
--------

Transaction ID : SB17.4348.2

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
------

7985.15
---------

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Dena**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**Nature of Debt (Purpose):  
PrintingMailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4385

Amount Incurred This Period

158.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

158.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**Nature of Debt (Purpose):  
PhotographyMailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4386

Amount Incurred This Period

899.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

899.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**Nature of Debt (Purpose):  
Train TicketMailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4387

Amount Incurred This Period

149.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

149.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

1206.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Dena**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Email Advertising

Mailing Address 3956 Town Center Blvd  
Ste 457

City State

Zip Code

Orlando

FL

32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4388

Amount Incurred This Period

168.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

168.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Domain Registration

Mailing Address 3956 Town Center Blvd  
Ste 457

City State

Zip Code

Orlando

FL

32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4391

Amount Incurred This Period

868.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

868.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Registration Fee

Mailing Address 3956 Town Center Blvd  
Ste 457

City State

Zip Code

Orlando

FL

32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4389

Amount Incurred This Period

585.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

585.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

1621.05

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 39 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Dena**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Google App

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4390

Amount Incurred This Period

11.55

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.55

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Airfare

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4363

Amount Incurred This Period

812.08

Payment This Period

0.00

Outstanding Balance at Close of This Period

812.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Car Rental

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4368

Amount Incurred This Period

93.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

93.07

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

916.70

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 40 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Dena**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Lodging

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4369

Amount Incurred This Period

354.99

Payment This Period

0.00

Outstanding Balance at Close of This Period

354.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Taxi

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4370

Amount Incurred This Period

56.91

Payment This Period

0.00

Outstanding Balance at Close of This Period

56.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Airplane Wifi

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4372

Amount Incurred This Period

35.91

Payment This Period

0.00

Outstanding Balance at Close of This Period

35.91

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

447.81

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 41 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Dena**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Airfare

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4379

Amount Incurred This Period

520.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

520.19

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Food &amp; Beverage

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4380

Amount Incurred This Period

209.39

Payment This Period

0.00

Outstanding Balance at Close of This Period

209.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Taxi

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4381

Amount Incurred This Period

82.05

Payment This Period

0.00

Outstanding Balance at Close of This Period

82.05

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

811.63

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Dena**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Parking

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4382

Amount Incurred This Period

10.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Airfare

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4373

Amount Incurred This Period

684.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

684.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Lodging

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4374

Amount Incurred This Period

134.47

Payment This Period

0.00

Outstanding Balance at Close of This Period

134.47

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

828.67

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 43 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Dena**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Taxi

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4375

Amount Incurred This Period

71.77

Payment This Period

0.00

Outstanding Balance at Close of This Period

71.77

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Airfare

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4376

Amount Incurred This Period

540.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

540.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Meals

Mailing Address 3956 Town Center Blvd  
Ste 457City State Zip Code  
Orlando FL 32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4377

Amount Incurred This Period

119.66

Payment This Period

0.00

Outstanding Balance at Close of This Period

119.66

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

731.53

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 44 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Dena**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Dr. Dena Marie Minning MD, PHD**

Nature of Debt (Purpose):

Taxi

Mailing Address 3956 Town Center Blvd  
Ste 457

City State

Zip Code

Orlando

FL

32837

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4378

Amount Incurred This Period

109.29

Payment This Period

0.00

Outstanding Balance at Close of This Period

109.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

109.29

2) **TOTALS** This Period (last page this line number only) .....

6672.68

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

6672.68